

Revised  
9/11/12

**COMMONWEALTH OF KENTUCKY – INSURANCE NOTICE OF LOSS**  
(FORM MAY BE DUPLICATED; HOWEVER, PLEASE DO NOT ALTER FORM IN ANY WAY)

Instructions: For ALL LOSSES, complete sections 1, 2, & 3  
For Auto losses – Also complete section 4 & 5  
Forward to: State Risk and Insurance Services Division

Certificate # \_\_\_\_\_  
Property ID # \_\_\_\_\_  
Policy # \_\_\_\_\_

(1) CABINET \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Insured Address: \_\_\_\_\_ DIVISION \_\_\_\_\_

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

**(2) Insured Property or Liability Losses Only: Loss Type**

( ) F & T ( ) Crime ( ) Inland Marine ( ) Professional Liability ( ) Boiler & Machinery  
( ) Auto ( ) Aircraft ( ) Fidelity/Bond ( ) Commercial General Liability

(3) Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Probable Amount of Loss: \$ \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Description/Cause of Loss: \_\_\_\_\_

Description of Property Damage: \_\_\_\_\_

Where is the Property Now? \_\_\_\_\_ Estimate Amt. \$ \_\_\_\_\_

Investigated by: (Police, Fire, etc.) \_\_\_\_\_ Report # \_\_\_\_\_

**(4) Bodily Injury or Property Damage – use additional sheet(s) as necessary**

Name (Claimant/owner) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone # \_\_\_\_\_ Medical Attention? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Injury: \_\_\_\_\_

**(5) Auto Losses Only –use additional sheet(s) as necessary**

COKY # \_\_\_\_\_

Is the vehicle owned by your state agency? Yes \_\_\_\_\_ No \_\_\_\_\_

OR Leased from Fleet? Yes \_\_\_\_\_ No \_\_\_\_\_

**State Vehicle**

**Claimant Vehicle**

Year \_\_\_\_\_ Make \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Model \_\_\_\_\_ Tag # \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle Driver \_\_\_\_\_

State Driver \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Passengers \_\_\_\_\_

Passengers \_\_\_\_\_

Our driver's statement attached? Yes \_\_\_\_\_ No \_\_\_\_\_, but will follow.

**INSURANCE CONTACT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_